

# *Army Medicine's* **Virtual Health Connections**

Newsletter from the U.S. Army's Virtual Health Office

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## Message from the Chief

With the turn of the weather and rapidly approaching holidays, thoughts often turn to home and loved ones at this time of year. Yet many of our Soldiers are still stationed far from home in remote settings. In Army Virtual Health (AVH), we remain focused, now and always, on one question: How do we ensure readiness and access to care for Soldiers and their families stationed around the globe?

We are discovering many answers to this question. In deployed settings, Virtual Health (VH) is proving to be a powerful tool bridging gaps in care. Its varied uses are as individual as the moving, powerful case studies in this issue – from real-time medical care delivered virtually for Soldiers within Operation Atlantic Resolve to support for CENTCOM and AFRICOM deployments. Using "VH in a Bag" technologies, specialists in garrison can assess the vital signs of our deployed Service members from thousands of miles away and provide critical recommendations to providers on the ground in patient care. This enables our deployed troops to receive the best medical care Army Medicine has to offer, whenever and wherever needed.

Use of VH on the battlefield also significantly advances health care objectives back home, supporting Soldiers and their families.

Highlights in this issue include our first "VH to the Home" pilots, enabling access to care for our beneficiaries beyond the confines of facility walls. It also includes the successful transport of a fragile newborn across the Pacific for specialty cardiac surgery in the National Capital Region. Using Army VH technology, the father notes, "Every movement, from arranging the flight and the NICU team, was really good. All different branches of the military communicated and got assembled in a quick timeframe."

With the planned expansion of VH, announced this month by the Army Deputy Surgeon General, MEDCOM will begin to utilize next generation technologies to dramatically expand and reshape Army Medicine over the coming years. AVH is busy ensuring access to these transformative technologies for the enterprise. In the interim, the good news is that VH already resides in the toolbox of many Army Medicine providers.

And yet, how do providers new to VH get started? As a first step, it's important to answer



a question from some of our readers on a recent survey, namely, what exactly is VH? The Army Medicine 2017 Campaign Plan defines VH as “the use of telecommunications and information technologies to provide health assessment, treatment, diagnosis, intervention, consultation, supervision, education, and information across distances.” Conceptually, VH can satisfy a broad array of clinical requirements and facilitate worldwide, timely, point of injury care with a lighter medical footprint on the battlefield.

To help providers understand the evidence-base and apply VH within their particular scope and community of practice, the AVH team has built a website chock-full of practical how-to information, case studies, policies and implementation procedures, as well as training materials that can help you achieve success in your at-a-distance clinical programs. The AVH website for Army Medicine is:

<https://amp.amedd.army.mil/com/tsl/SitePages/Home.aspx>

On this website, you will also find information about our first annual VH Training Symposium held 26-28 July, 2016. The multi-disciplinary format provided practitioners across the Army Medical Department (AMEDD) with a valuable opportunity to share innovative uses and experiences with VH in medical care.

You are always welcome to reach out to the AVH team. You will find our contact information on the back page of this issue. We welcome your efforts in making a difference in our collective mission: One Team, One Purpose -- Conserving the Fighting Strength!

Colleen Rye, PhD  
Chief, Army Virtual Health



## Summer 2016, 1st Annual VH Training Symposium Held – Theme: Virtual Health, the Future of Health Care

*by Ronald W. Wolf, Aug 9, 2016*

DEFENSE HEALTH HEADQUARTERS, FALLS CHURCH, Va. -- Today, virtual health -- it's also called telehealth or telemedicine -- works, and it's improving patient satisfaction, health outcomes, readiness, and access. Tomorrow, however, VH will be helping medics save lives on the battlefield, and the concept of an entirely "Virtual Medical Center" is being explored. From 26 to 28 July 2016, a team of about 30 senior leaders, regional chiefs, clinicians, and experts from a variety of fields held a Training Symposium to discuss expanding the use of VH in Army Medicine.

In FY 2015, there were over 40,000 VH encounters in Army Medicine. About 80 percent of that number was for behavioral health. Although behavioral health specialists have widely adopted the use of virtual appointments, VH can be applied to almost any specialized area of medicine. In fact, the number of VH appointments for other specialties and routine care is growing rapidly.

For example, VH encounters include video visits on smart phones and remote health monitoring (RHM) at home for patients who are receiving ongoing care. A patient can have vital signs and symptoms checked without walking out the door, a significant time and cost savings.

An additional advantage for medical planners are that no-show rates for VH encounters at a patient's home are likely to be extremely low, Dr. Colleen Rye, Chief of Army Virtual Health, Office of the Army Surgeon General, said, which is important



*Dr. Colleen Rye, Chief Army VH, presenting at the Medical United States Army Association in a panel discussing VH expansion plans*

for efficient and effective scheduling of both practitioners' and patients' time. Work remains to be done to continue growing the rate of adoption of VH by patients and practitioners.

Rye pointed out to the Symposium participants that a consistent medical experience with VH will lead to increased comfort levels for patients as well as wider use. Pilot studies, she said, are "yielding information that will help to eventually standardize" VH procedures and operations. Standards for VH exams may involve a nurse or medic on-site to assist with collecting medical data for the remote physician for use in diagnosis and follow-up treatment instructions. The telemedicine practitioner has special tools to support his or her ability to treat patients -- such as a "telemedicine cart" that has been designed and equipped for just this purpose.



Basic equipment on the telemedicine cart could include a wide array of instrumentation choices such as a digital stethoscope, an otoscope (like a magnifying glass with a light to examine ears and sinuses), an ophthalmoscope (to examine the eyes), and an exam camera. The cart also has a computer with monitor and software to store and transmit sounds and images, if needed, to the remote physician. VH also allows the remote physician to send patient information and receive diagnostic confirmation from specialists who could be in a third location, and sometimes deployed.



Although virtual medicine has many uses for the Army family and other beneficiaries, development of applications for the battlefield is crucial. Army Medicine faces a critical need in developing virtual health for combat. Battlefield care can save more limbs and lives if the medic has direct connection to the surgeon with the forward surgical team or at the medical center.

Maj. Gen. Robert Tenhet, Deputy Surgeon General, discussed virtual health on the battlefield as one of the top five requirements for Army Medicine right now and a top priority of The Surgeon General, Lt. Gen. Nadja West. "Taking care of beneficiaries is easy," Tenhet said, "if we can meet the needs on the battlefield."

One of West's goals is the virtual medical center. What exactly will comprise the virtual medical center is being discussed, but there is no higher medical priority for Army Medicine than continuing to improve battlefield medical care. "We need to figure where we go from here," said Robert Goodman, Chief of Staff for the Army Medical Command, to the symposium. As he conveyed, however, where we go with

*"Today, VH -- it's also called telehealth or telemedicine -- works, and it's improving patient satisfaction, health outcomes, readiness, and access. Tomorrow, however, VH will be helping medics save lives on the battlefield, and the concept of an entire virtual medical center is being explored." Maj. Gen. Robert Tenhet tells the Telehealth Symposium attendees that it's a matter of when and not if the virtual health medical center becomes fact. (Photo Credit: Ronald. W. Wolf [Army Medicine])*

VH, is being affected by an administrative issue. Physicians and other clinical personnel must more accurately code for virtual health procedures in electronic health records to accurately measure the outcomes and costs of this modality as well as ensure continuous process improvement in quality and safety. Although there is documentation of extensive use of virtual health in electronic health databases, VH encounters in AMEDD appear to be undercounted because of incorrect coding in the record.

Those who attended the Symposium agreed that future planning and funding requests will require more accurate accounting of virtual health procedures. Other factors impeding utilization of VH are being identified and addressed. Concerns regarding legal issues, credentialing of clinical personnel, and admitting privileges at medical centers as they relate to virtual health are being discussed and resolved. And yet, even with issues to resolve, the use of virtual health

is growing and providing significant benefits to patients, providers and the organization.

Physicians gain rapid access to specialists to help make more informed decisions about care, increase clinical efficiency, and improvement potential in patient outcomes. Patients will be able to receive treatment in the home or close to home, immediate access to the most experienced physicians, and improvements in the quality of care. The virtual medical center is being developed; so it's not a matter of if but when such a concept becomes fact, said Tenhet.

VH has high potential to support the warfighter. On the battlefield, medical care, when it's needed, is always right now. But that's the point. Virtual health allows us to be "everywhere we are needed," said Dr. Rye. Virtual health means immediate access to care anytime and from anywhere.

For more on virtual health and telehealth, copy and paste the following link in your browser:  
<https://www.dvidshub.net/video/466976/virtual-health>



*Dr. Colleen Rye, Chief of Army Telehealth at the Office of the Army Surgeon General (seated center, with other members of the Training Symposium held 26-28 July, 2016), said that a consistent medical experience with virtual health will lead to increased comfort levels for patients and wider use. Pilot studies, she said, are "yielding information that will help to eventually standardize" virtual health procedures and operations. A benefit for medical planners is that "no show" appointments are nearly eliminated with telehealth visits to the patient's home. (Photo Credit: Mr. Ronald W Wolf [Army Medicine])*

## FROM THE Regional Health Command – Europe



**BG Dennis P. LeMaster**  
*Commanding General, RHC-E and  
Command Surgeon, USAREUR/7th  
Army*

**Regional Health Command - Europe (RHC-E)** continues to make strides in broadening the scope of how VH supports health readiness for both our warfighters and their family members. Recognizing how VH can address these challenges and opportunities, I have charged our regional Telehealth team to tackle the following priorities: (1) support Operation Atlantic Resolve through VH and continue seeking opportunities to help ensure Soldier Medical readiness in the Region, (2) aggressively seek VH opportunities for CENTCOM and AFRICOM, (3) establish a primary care and specialty care virtual hub to support beneficiaries across our area of responsibility - regardless of service branch, and (4) identify

opportunities for VH in the home. Landstuhl Regional Medical Center (LRMC) and Medical Department Activity (MEDDAC) Bavaria have conducted more than 5,200 "real-time" visits since 2014 in more than 30 distinct specialties. While VH grew 70 percent in the last two years, RHC-E VH encounters in 2016 surpassed 2015 numbers in just seven months! With a 98 percent patient-approval, less than 2 percent no-show rate, and roughly \$2.2 million in travel costs and 4,100 work days saved since 2014, our efforts to decrease overall healthcare related costs while prioritizing readiness is truly tangible! One Team ... One Purpose! Conserving the Fighting Strength.

– **Brigadier General Dennis P. LeMaster**,  
Commanding General, Regional Health Command -  
Europe, and Command Surgeon, U.S. Army Europe.





## "4 up and 4 down" - Virtual Health as a Force Multiplier -

Operation Atlantic Resolve (<http://www.eur.army.mil/atlanticresolve/>) is in full swing with U.S. Army regionally aligned forces continuously rotating into the theater conducting activities with allies and partners across Eastern Europe. In an effort to provide greater consultative and Soldier access to care in the East, Virtual Health has started collaborating with the Office of the Command Surgeon (OCSURG), United States Army Europe (USAREUR) as well as with International SOS (International SOS is the vendor providing the Overseas Beneficiary Enrollment and Provider Education Assistance Program similar to Tricare Prime Remote state-side). The RHC-E VH team has identified and outlined with the regional command surgeons for FY17 the process to deploy a concept known as "telehealth-in-a-bag" (THIAB) to four northern and four southern locations in Eastern Europe with the ability to virtually connect Roles 1, 2, and 3 locations back to LRMCC specialists.

SFC Todd Hall, the RHC-E VH Non-Commissioned Officer for Clinical Informatics (NCOIC), provided a second demonstration this year to Telehealth and Technology Research Center (TATRC) regarding the THIAB program and the team is looking forward to continuing its partnership with TATRC to directly support the warfighter and identify the lessons learned moving towards an "all-specialty" VH platform to remote and austere locations. Previous successful pilot projects occurred in collaboration with the 212th Combat Support Hospital CSH in Poland during Operation Anakonda as well as the 10th Army Air Missile Defense Command (AAMDC) in the Sinai/Israel.



**"Telehealth-in-a-bag" (THIAB) locations in Eastern Europe**



## RHC-E Virtual Health Team's New Physician Assistant Consultant



**Steven M. Cain, MPAS, PA-C**  
*Deputy Chief, European Regional  
Virtual Health*

Mr. Steven M. Cain, a certified Physician's Assistant (PA) has joined the VH team at RHC-E. As the new Physician Consultant for the region, Mr. Cain brings a host of talents and capabilities to the position. His enthusiasm for the VH mission was demonstrated during his tenure as the Surgical Service Line PA at LRMC. In this position, he was the lead clinical VH provider in the U.S. Army's effort to expand synchronous VH programs from LRMC to 12 outlying clinics in the region from July 2014 to 2016.

Mr. Cain developed novel health care delivery processes using synchronous VH platforms in the areas of primary care, surgery, and medical subspecialties. In addition, he led efforts to develop and manage hospital-based synchronous VH programs in the areas of sleep medicine, general surgery, primary care, physical exams, pain management, and urology. He also developed a unique ICU Critical Care VH Program for monitoring patients with head injuries using continuous electroencephalogram (EEG).

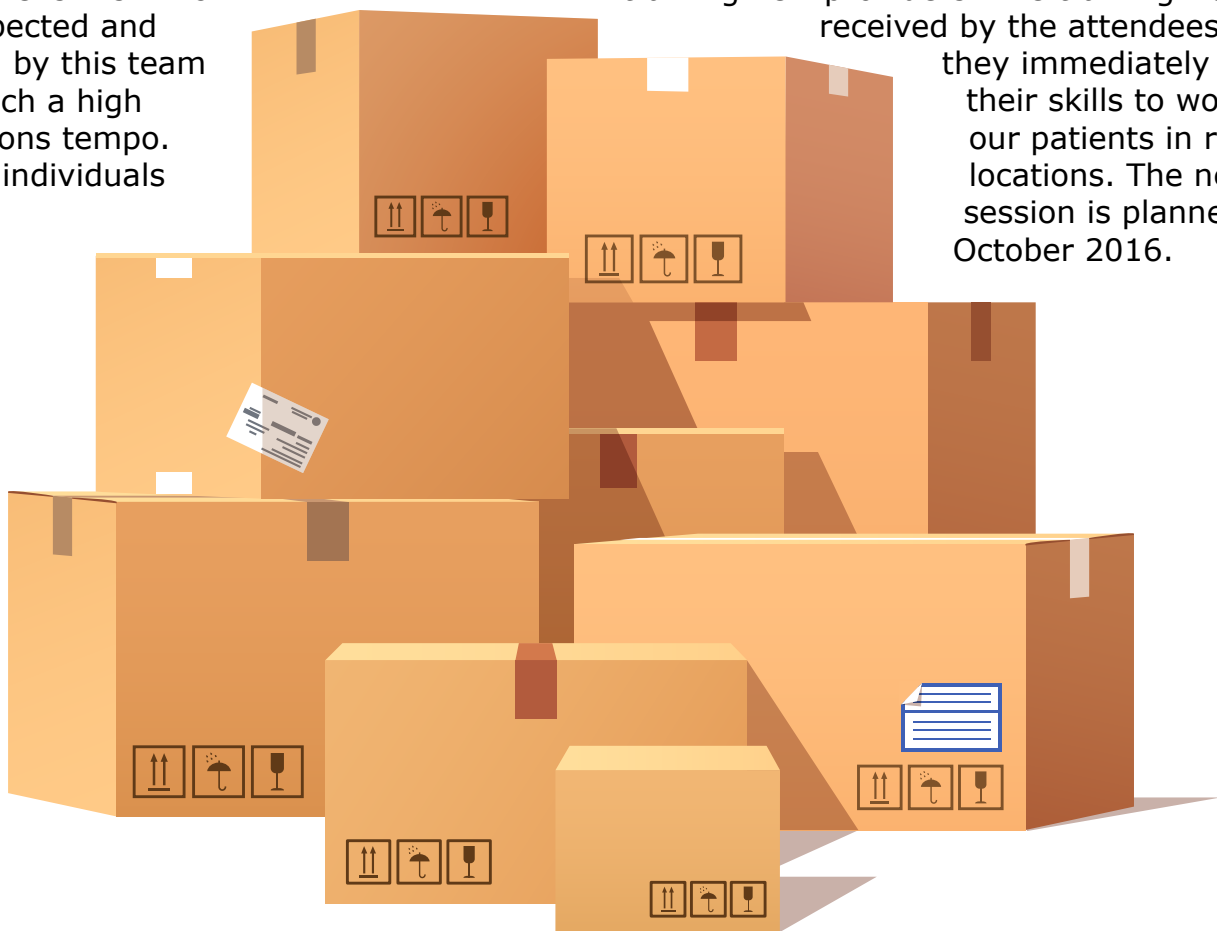
As a practicing PA with clinical experience in family medicine, emergency medicine, and surgery, he divided his time between clinical practice in urology, ear, nose and throat ENT, and developing/ managing synchronous VH programs. He volunteered as the leading PA consultant for RHC-E, managing program development for the chief of virtual health. His efforts contributed significantly to RHC-E earning the first quarter 2016 "Wolfpack Award".

"The RHC-E VH team is fortunate to have Mr. Cain full time," said Ron Keen, RHC-E Virtual Health Chief. "RHC-E VH relies on his strong clinical acumen, positive attitude, and work ethic, as well as his ability to motivate others." "His skill at forging partnerships with physicians and other medical professionals including IT specialists is reflected in his joy collaborating on projects of clinical significance focusing on virtual medicine as a modality for increasing access to health care in RHC-E. Though his work habits are fast paced, they are carefully measured and deliberate. He is a tour de force we are delighted to have on the RHC-E Virtual Health team."

## Surviving the Virtual Health 'Threat' – The Summer PCS Season!

Over the last few months we have had to say goodbye to more than half of our VH team. We have lost Robin Smith and Irfan Bojicic, our dedicated presenters; our IT specialist Anthonia Clark; one of our specialty coordinators, MaLebery Parker; and our nurse director, Stephanie Garner, who have all moved back to the states. In order to tackle and get ahead of the yearly threat of PCS season when both military and civilian providers arrive and depart and take their skills and knowledge with them, the RHC-E VH team held a "VH presenter Training Symposium" 19-23 September. This is a bi-annual event targeted at sustaining and improving the high-level skills which are expected and needed by this team with such a high operations tempo. Eleven individuals

from remote sites including Saudi Arabia, Germany, Italy, and Belgium, as well as Air Force clinicians from Spangdahlem Air Base, Germany, received one-on-one training with nine distinct medical specialties. Topics included competency assessment; hands-on equipment training; discussions about strengths, weaknesses, opportunities and threats of Telehealth; resiliency; and coding. The symposium was planned and conducted by one of our newest team members, Nicolette Kreciewski. Meanwhile Michelle Huml-Vanzile, RHC-E Virtual Health Nurse Director, and Steven Cain, the new PA Consultant and Deputy Chief of RHC-E Virtual Health, have been busy identifying and training new providers. The training was well received by the attendees and they immediately put their skills to work for our patients in remote locations. The next session is planned for October 2016.



## Distinguished Visitors

This fall brought many distinguished visitors to our group including a visit from the Office of the Surgeon General (OTSG) team, numerous general officers, and foreign dignitaries. We enjoyed showcasing our efforts as well as sharing our overall expansion vision based on RHC-E's unique opportunities for FY17.



*Pictured: Maj. Gen. David C. Coburn, Commanding General, U.S.A. Financial Management Command (fourth from right) meeting with the LRMC command team and RHC-E VH team (photo by Christine Jochum-Igoe).*



*Pictured: Sgt. 1st Class Todd Hall (right) briefs RHC-E's VH effort to VADM David Johnston, Chief of Joint Operations (Australia) (left) (photo by Christine Jochum-Igoe).*

## Coming soon to RHC-E Virtual Health

The team is moving forward in many positive ways and we look forward to highlighting a number of initiatives in the next newsletter update. These initiatives include a regional VH calendar scheduling system; the readiness value of the Virtual Integrated Patient Readiness and Remote Care (VIPRR) clinic;

hand-held bladder ultrasounds for virtual urology evaluations; a regional Army-Navy MOU/MOA for virtual health; a virtual body composite evaluation system; a report of over 1,000 anonymous VH patient surveys; and our virtual performance triad (vP3) initiative ... and the list goes on!



## OTSG/MEDCOM Staffers Visit to Virtual Health at Regional Health Command - Europe and Landstuhl Regional Medical Center

The VH Chief for RHC- E, Ronald Keen, hosted staff officers from the Office of the Surgeon General for a tour of virtual health in Europe September 12-16 2016.

Col. Nancy Parson, OTSG Patient Care Integration, G-3/5/7 lead; Maj. Claudia Torres, OTSG Virtual Health Staff Officer; and Katherine Igyarto, Army Virtual Health Analytics Team Lead, visited Europe in an effort to gain knowledge about RHC-E's synchronous (real time) infrastructure of virtual care.

The group studied the regional VH workflow process for 16 different clinics and two health commands as well as how appointing, scheduling and patient satisfaction is

conducted. They also had hands-on training with the VH Carts and learned the steps in conducting the presenter examination of the patient for the physician at the distant site. Following the training they earned the Virtual Health Presenter Certificate.

The visit also included a trip to the Wiesbaden Army Health Clinic, Wiesbaden, Germany; and United States Army Europe Headquarters.

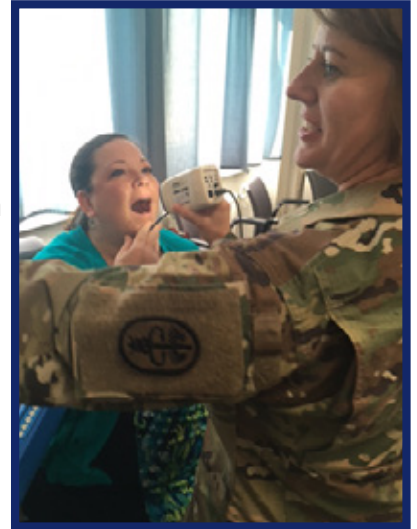
Lt. Col. Nelson S. So, the Wiesbaden Clinic Commander and his staff presented a VH

briefing and Irfan Borijic, Registered Nurse (RN) hosted the actual operation of the VH cart and how patients are presented to over 31 different specialties at the LRMC Hub. The team had the opportunity to ask questions about the infrastructure of VH, how appointments are made as well as the referral process

for the use of VH. Upon departure from Wiesbaden, the team toured the Soldier Medical Readiness Center, at Wiesbaden Health Clinic Annex, and reviewed processes and procedures related to readiness.

The following day, the group traveled with Mr. Keen to Spangdahlem Air Force Base, Spangdahlem, Germany, to see how the partnership with Army VH is conducted with the Air Force. Lt. Col. Jane Free, the Chief Nurse and the clinic Commander, Col. Flowers hosted the brief given by the primary virtual health nurse presenter, Maj. Vonda Goodison the Medical Air Detachment Commander. Following the briefing a demonstration was provided back to the LRMC Hub with Col. Kirk Waibel, MD.

The weeklong visit proved very informative for the RHC-E/LRMC Virtual Health staff and the OTSG Team who departed with RHC-E's training platforms, standard operating procedures and vision for the future.



*COL Nancy Parson demonstrates high resolution examination camera to capture images of Ms. Katherine Igyarto's mouth.*



*During the VH Visit to Landstuhl Regional Medical Center, MAJ Claudia Torres demonstrates the use of high definition camera with polarizing hood for close examination of the eye.*

## FROM THE Regional Health Command – Atlantic (RHC- A)

### Blanchfield Army Community Hospital (BACH) launches virtual house call pilot, extending virtual health access

BACH launched a new pilot program, providing six virtual appointments Oct. 27. The virtual house call pilot is similar to healthcare's origin, when medical providers visited patients' homes; however, it is now offered through real-time video streaming to a remote provider. "The virtual house call, which makes more sense to the end user, is something that we are excited to pilot at Blanchfield and are eager to broaden our capabilities in the near future," said Col. Telita Crosland, BACH commander.

On the first day of virtual "house call" appointments, BACH saved patients around 120 minutes in waiting time and another 120 minutes of travel time for a total of 240 minutes. "Having this pilot available at Blanchfield and the home of the 101st Airborne Division and Fort Campbell is exciting to see," said Maj. Gen. Gary J. Volesky, commanding general of the 101st Airborne Division (Air Assault) and Fort Campbell. "As I walked through BACH's Emergency Center and saw the potential for this technology to expand to our troops down range, it gives me great confidence in our medical care at all levels while our troops are deployed. With the 101st standing ready to support our nation's needs on a moment's notice, we are confident when our medical teams supporting our families back home and the troops downrange are continuously expanding their capabilities as well."

Patients were located at home, on a break, in the car at work, in the hospital and in the barracks. Patients' reasons for being seen included follow-up on hip pain, medication review, and periodic health assessments. "We continue to seek ways to increase our availability to the population we serve," said Crosland. "It is important that we look at our population's needs and determine what fits them best and mold our services to support them." The pilot will gradual expand beyond a single provider over a 2 week ramp-up period.

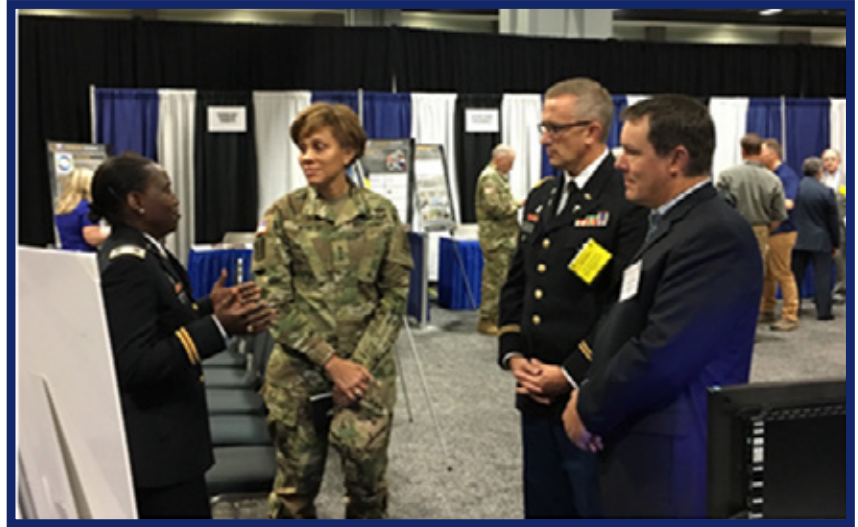


*In a demonstration of the Telehealth process, Lt. Col. Kevin A. Horde, a provider at Fort Gordon's Eisenhower Medical Center, offers remote consultation to mock patient Master Sgt. Jason H. Alexander with the nursing assistance of Lt. Maxx P. Mamula at Fort Campbell's Blanchfield Army Community Hospital. (U.S. Army photo by David E. Gillespie/RELEASED)*

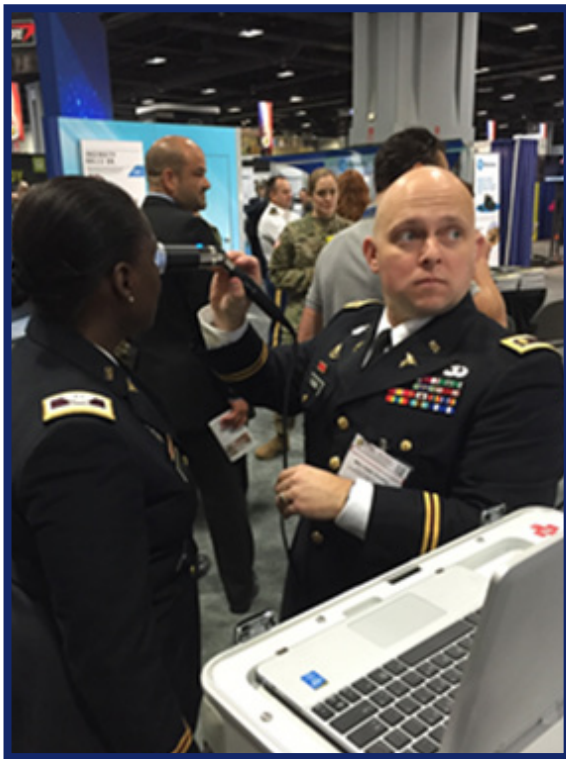


## Virtual Health Provides Invited Presentation to the Association of the United States Army (AUSA) Exhibit Floor and Innovator's Corner

Held every October, AUSA Annual Meeting & Exposition is the largest land power exposition and professional development forum in North America. This event consists of informative and relevant presentations, panel discussions on pertinent military and national security subjects, workshops and important AUSA business. This year VH experts from across the globe were invited to participate and share the successes of VH in operational environments both in the exhibit hall and the Innovator's Corner. The team gave several presentations and demonstrations explaining synchronous VH support of Special Operational Forces downrange.



*The Surgeon General, LTG Nadja West visits the Innovator's Corner where COL Telita Crosland briefs her of BACH's VH successes to improve readiness*

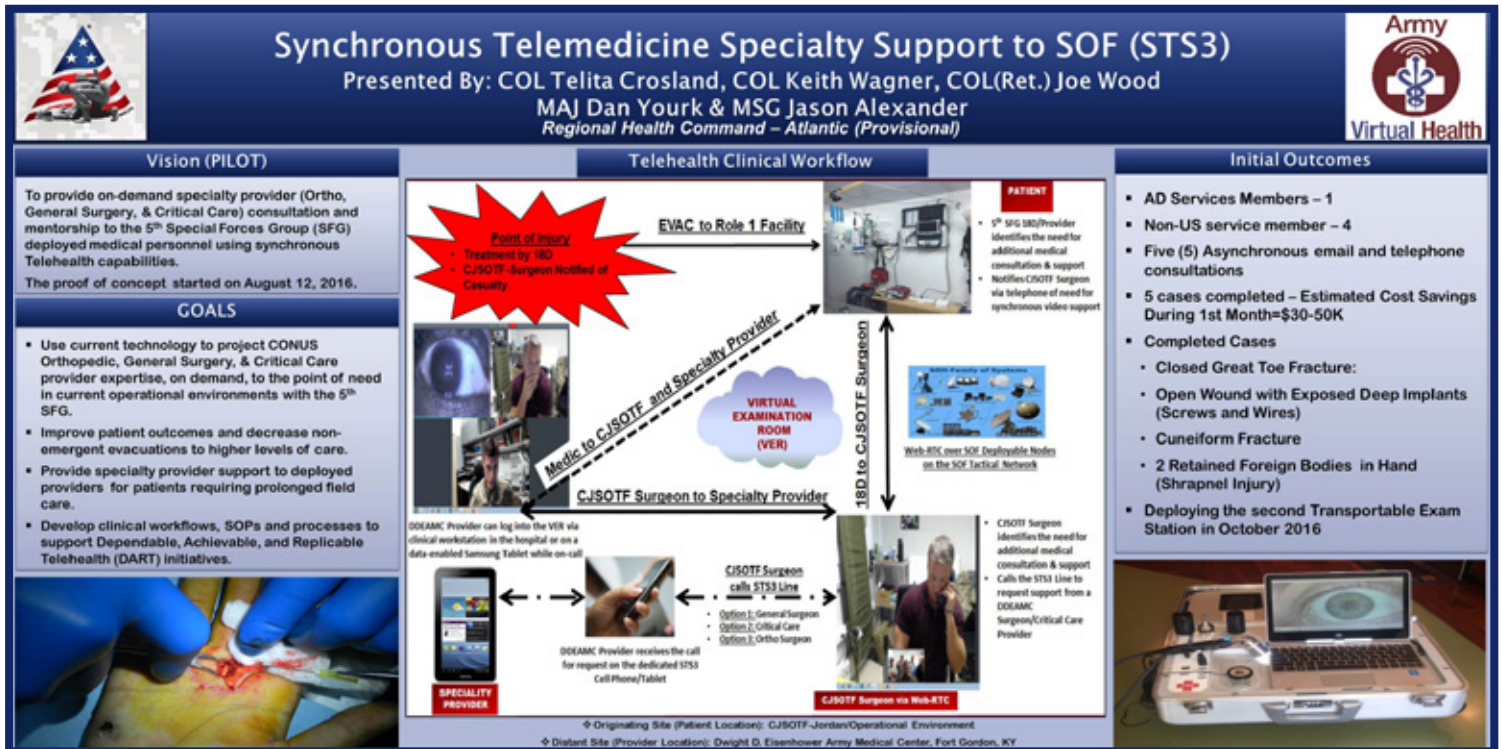


*COL Telita Crosland, and MAJ Daniel Yourk at the Soldier for Life booth in the AUSA exhibit hall, with their Synchronous "Telehealth in a Bag" display.*



*COL Crosland demonstrating the clarity of the "Telehealth in a Bag" set up as she shows MAJ Yourk's eye, to Dr. Wood over the monitor.*





Poster presentation at the Innovator's Corner at AUSA

VH team members, Dr. Joseph Wood, DDEAMC, MAJ Daniel Yourk, DDEAMC, COL Keith Wagner, LRMC and COL Telita Crosland, CDR,BACH, displaying their poster in the AUSA Innovator's Corner, explaining how VH supports deployed troops, real time.



# FROM THE Regional Health Command – Pacific (RHC-P)

## Tele-Behavioral Health (TBH) Hub Conversion

The Pacific Region's TBH Cell began in November 2011 as an all-contracted clinic led by a United States Public Health Service (USPHS) Commissioned Corps Officer, CDR Eduardo Cua. The TBH Cell was developed to provide behavioral health support to deploying and redeploying Soldiers at the Soldier Readiness Processing sites. Under CDR Cua, the mission expanded to satisfy an unmet need for behavioral health services across the Pacific for service members and their families. Policies and procedures were solidified to address the multiple needs of therapy, medication management, consultation, and surge support. In 2012 under a new USPHS Clinical Director, LCDR Sherry Gracey, it quickly grew from its 3 originating sites to 8.

The clinic upheld its original mission of serving the Pacific and also continued to grow. Since 2011 the Pacific TBH operation has connected to 30 different originating sites, 18 of which currently support ongoing patient care. This solid performance led the Army Medical Command to recognize the cell's efficacy and TBH as an enduring mission. As a result, it was time to convert what started as a pilot with contracted staff to government services (GS) personnel.

The conversion process began in 2015, with the contract completion date nearing. It was vital to transition the positions in a timely manner to provide continuity of care. The first provider and staff selections were made

in November 2015 and the first staff came onboard in March 2016, with the rest of the team quickly following behind. The clinic was fully transitioned from contract to GS personnel by the end of March 2016. Along with the staffing change, there were also changes that occurred in the organization of TBH. The Pacific TBH Cell became the TBH Hub for the Pacific Region which then expanded in scope when the regions were re-aligned and Regional Health Command-Pacific absorbed Pacific Regional Medical Command and part of Western Regional Medical Command. This reorganization did not negatively impact the mission or work of the TBH Hub; instead it emphasized the growing need for TBH services across large distances and many more time zones.

There continue to be opportunities for growth, which calls the Pacific TBH Hub to the challenge of how to further increase the behavioral health services they are able to provide through technology. They are excited for all that remains in front of them and honored to have the opportunity to increase access to behavioral health treatment to service members and their families across the greater Pacific. And they are thankful to be able to continue to provide quality patient care through the use of technology

## Virtual Health is Not Just a 2-Way Connection

Family separation is often a reality for military families. It can cause a lot of stress on top of other stressors our Service members may be experiencing. If pre-existing family/relationship issues are not dealt with prior to returning home, such conditions can sometimes set family members up for more hardship. Seeking behavioral health treatment can help the service member gain insight and skills and make positive changes. In the Pacific, with the use of VH technology, we believe we can make a positive difference in the quality of life of our family members.

The Pacific Region's Tele-Behavioral Health (TBH) Hub had the opportunity to work with a Service Member (SM) from the South Pacific who was temporarily stationed in Hawaii for medical and behavioral health services. After a few sessions, it was evident that important family work was needed. The SM, diagnosed with Post-Traumatic Stress Disorder and Depression, also had significant marital strife. Traditionally, the SM would work with the provider individually with some contact with the spouse over the phone. This is not ideal as it would be unlikely that any significant changes would occur in the relationship without further emphasis on relationship counseling to provide psycho-education and work on decreasing the triggers within the home and relationship. The couple could seek treatment together once the SM was back home, however resources are limited there.

Thankfully, the TBH Hub has both the technology and the well trained providers available! With the patient's consent, the provider set up a multipoint session via VTC. The SM visited the telehealth suite

at the Schofield Barracks Hawaii clinic, the spouse connected via the telehealth suite established at her location through coordination with the Region, and the provider initiated the session at the Hawaii-based TBH Hub. Both patients became increasingly comfortable with the telehealth process and 'virtual' therapy at a distance. They were able to address several marital stressors that had negatively impacted the marriage in the past. In addition, the spouse was able to receive education on PTSD and depressive symptoms, triggers, coping skills, and most importantly how to best support the SM and herself. An added benefit to this modality and treatment is that the SM and spouse were able to see each other over the VTC reinforcing the positive changes that the SM made and confirming the support received upon return home.

This is just one example of how the use of technology has improved our ability to provide care and extend our reach. Technology access is just as crucial in the Pacific as having the trained providers to address behavioral health issues.



*Staff from TAMC's Department of Behavioral Health and Tele-Behavioral Health Hub demonstrate a 3-way session from one of TAMC's VH suites*



## Telemedicine Facilitates Movement of Fragile Newborn from Japan to Washington DC



Patient movement between medical treatment facilities requires close communication and coordination for the smoothest hand-off. When that patient movement is between facilities located on opposite sides of a globe, it takes a higher level of coordination than simple telephone calls and/or encrypted emails – it takes an innovative platform like the one we use in military medicine for asynchronous telehealth. Tripler Army Medical Center (TAMC) is the home of the Pacific Asynchronous TeleHealth (PATH) system, which serves as the asynchronous provider-to-provider teleconsultation system for the Pacific. PATH was developed specifically to meet the needs for medical coordination across many miles and time zones in the Pacific. It is also the platform for Health Experts OnLine Portal (HELP) teleconsultation at Naval Medical Center Portsmouth (NMCP). Beyond teleconsultation, PATH and HELP facilitate patient movement through an integrated communication system. This platform allows case managers, patient movement/liaison personnel, Theater Patient Movement Requirements Center-Pacific (TPMRC-P), and medical providers to have visibility of the patient throughout the process of the aeromedical evacuation.

In July 2016, a PATH case was entered from the US Naval Hospital (USNH) Yokosuka in Japan for the medical evacuation of a newborn infant diagnosed with a congenital heart lesion (Tetralogy of Fallot) when she was just 3 days old. HM2 Christopher Ian Cuya and his wife Michelle received the distressing news that their daughter, Cassielle, would require heart surgery to correct the defect in her heart. LT Kathleen Tilman, a family medicine provider at USNH Yokosuka, initially cared for Cassielle, identified the heart murmur, and referred the case immediately to the host nation facility for an echocardiogram. Cassielle would need surgical care that exceeded what was available overseas. "Telemedicine platforms like PATH system are a huge asset to remote outside the Continental US (OCONUS) MTF's when coordinating time-critical patient medical evacuation," said LT Tilman. "The PATH system allows our providers to reach out in a timely manner to specialists stateside to get their valuable insight on management of complex medical cases. Having a secure electronic platform to coordinate the medical evacuation of this patient across the globe was paramount to the success of this mission."

Although Cassielle was clinically stable, due to her age and requirement for supplemental

oxygen, she would need the support of the Neonatal Intensive Care Unit (NICU) transport team from USNH Okinawa during her transport across the Pacific to the Continental US. The final destination for the family would be the National Capitol Region (NCR). This case required close coordination for many players.

Through the integrated platforms of PATH in the Pacific and HELP on the East Coast, a total of 64 personnel were added to this case within 72-hours to facilitate patient movement. They included the NICU transport team at USNH Okinawa, the flight surgeon at TPMRC in Hawaii, primary care and case managers at USNH Yokosuka, the pediatric cardiologists at TAMC and Walter Reed National Military Medical Center (WRNMMC), and referral management coordinators connected through this secure patient movement platform. PATH also enabled visibility of the translated echocardiogram report from the host nation facility and the status of the infant before she departed Japan. "The best part of this experience was the communication between the military medical facilities," said HM2 Cuya. "Every movement, from arranging the flight and the NICU team, was really good. All different branches of the military communicated and got assembled in a quick timeframe."

COL Thomas Burlow, a pediatric cardiologist at WRNMMC and the physician who received Cassielle after transport, was able to view

the infant's clinical status in Japan while he planned for her arrival in the NCR. COL Burlow said, "from the time of initial entry into the PATH/HELP system, we at Walter Reed were communicating directly with the pediatric cardiologist at Tripler and the primary care providers in Japan. We had a complete understanding of her unique anatomy and physiology as well as visibility on the therapeutic management decisions that were being made prior to arrival at Walter Reed. Consequently, this knowledge allowed us to communicate effectively to the cardiologists and heart surgeons at the local children's hospital where her heart surgery was to take place. Across the spectrum, all providers had an opportunity to provide information, assessments, and recommendations which greatly facilitated her final assessment at Walter Reed before her surgery."

Across 10 times zones and the international dateline, military medicine employed Tripler's original telehealth technology, facilitating movement to the other side of the globe for this newborn. And once Cassielle arrived safely at WRNMMC, the providers in the Pacific were notified—all through PATH.

HM2 Cuya and his family are doing well in the NCR, with the support of family in the area and an excellent care team. Cassielle received heart surgery shortly after they arrived, and her father reports she is home and doing great.



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